



## REQUEST FOR VERIFICATION OF ACSLPA REGISTRATION

### Personal Information

Member Name (as it appears on Practice Permit/General Register)

Registration #

Address

City / Town

Province

Postal Code

Email

( )

SLP or  Audiologist

Phone

Current ACSLPA Status

### Verification of Status / Registration with ACSLPA

As applicable, includes all of the following:

- Current and previous names and ACSLPA registration number
- Contact information
- Date of first registration with ACSLPA and current status
- Current conditions on your registration or practice permit
- Any prior findings or admissions of unprofessional conduct and/or any history of suspension or cancellation of your practice permit

Send to: \_\_\_\_\_  
\_\_\_\_\_

Delivery:

- All non-Canadian Regulatory bodies: documents are sent by regular mail. You may arrange for courier service at your expense. Please contact the ACSLPA office prior to arranging a pickup time.

Fee:

- Current ACSLPA member – no charge
- Former ACSLPA member – \$30.00

Payment – Cheque/Visa/Visa Debit/MasterCard: \_\_\_\_\_

Expiry: \_\_\_\_\_ Name as it appears on credit/debit card: \_\_\_\_\_

### Authorization to release information

I hereby authorize Alberta College of Speech-Language Pathologists and Audiologists to release the information related to my registration to the regulator noted above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I intend to cease practicing in Alberta. (If so, please note that you must advise ACSLPA in writing either through renewal or submit the '[Resignation from ACSLPA](#)' form on the website.)

**Please submit this form by mail, email or fax using the information in the upper right-hand corner of this form.**

#### FOR OFFICE USE ONLY:

Amount: \$ \_\_\_\_\_

Verification emailed: \_\_\_\_\_

Email sent to member: \_\_\_\_\_

Process Date: \_\_\_\_\_

Verification mailed: \_\_\_\_\_

Auth/ Ref #: \_\_\_\_\_

Database updated: \_\_\_\_\_